5.0 TRAINING AND DRILLS

Training staff for and rehearsing Year 2000 Contingency Plans is required to ensure business continuity for the new century. Planning Year 2000 contingency drills begins by defining how failures will impact current business practices. Drills should be conducted as early as possible to allow for the incorporation of lessons learned into existing contingency plans.

5.1 Training

Staff training required to perform those manual processes outlined in the functional unit templates should occur as electronic devices may not be available for various reasons. Training should begin by July with final training occurring approximately 30 days prior to December 31st. Clinical processes to consider for appropriate training may include, but are not limited to:

- Cardio-Pulmonary Resuscitation (CPR)
- Manual Suctioning
- Manual Bagging
- Manual Temperature and Blood Pressure Readings
- Training on administrative functions as outlined in the functional unit templates should occur with a focus on manual procedures such as the use of VA forms.

5.2 VISN-Wide/Health Care Facility Drills

Each health care facility should complete at least one Year 2000 Contingency Drill as one of the recommended internal or external disaster drills; or participate in the VISN-wide drill. To meet JCAHO requirements, disaster drills should include evidence of: 1) management awareness; 2) evidence of stressing the system; 3) formal critique; and, 4) update contingency plans based on the critique.

Suggested scenarios for Year 2000 drills are:

- Stressing systems, such as complete disconnect from power company to fully load generators for several hours (refer to Section 5.3);
- Temporary loss of telecommunications system;
- Bringing down the DEC Servers or the network;
- Inactivating a few key medical devices, such as defibrillator, ventilator or monitoring devices.

5.2.1 Planning for Health Care Facility Drills

Year 2000 drills are an excellent tool for assessing existing internal and external disaster recovery plans and capabilities including the roles and assignments outlined in contingency plans. A facility's emergency preparedness committee should coordinate the planning and monitoring surrounding the drills and include:

- Potential situations where various alternative business processes may rely on the same resource.
- Alternative business processes meet an acceptable level of performance.

- Potential repercussions that alternative business processes may have on other systems and/or business units.
- Alternative business processes meet acceptable integrity and consistency requirements.
- Alternative business processes define and maintain health care facility security standards.

A recommended outline of a drill plan is:

- Purpose and Background.
- Scope and Concept.
- Drill Objectives.
- Drill Response and Support Activity.
- Scenario (including patient evacuations).
- Planning Assumptions and Simulations.
- Record and Track Drill Results.

When conducting such drill exercise scenarios, it is sometimes not feasible to expand the scope of scenario to the entire health care facility. For those instances, Year 2000 contingency plans should be tested using a focused drill scenario. For example, conduct a shutdown of the medical gas system on a patient care unit. Based on the responses and outcomes of the scenario, one can review and update the appropriate contingency plan procedures.

On the date of the exercise, be sure to follow through the entire process of a disaster drill so that it is effective, useful and viable, especially for JCAHO purposes. The following components should be present in each disaster exercise:

- Use of a cascade callback system.
- Establish an incident command center.
- Assign duties to responsible officials.
- Critique the exercise including refinement of contingency plans where necessary and the identification of training needs.

5.2.2 Planning for VISN-wide Drills

VISNs should conduct multi-hospital Year 2000 Contingency Drills. These drills should incorporate specific mission-critical systems that are at Year 2000 risk for failure. Evacuation of patients between sites can be specifically tested as a table-top exercise.

Patient evacuation plans should include:

- Site Discharge Planner.
- A plan to track medical records and evaluation sheets.
- A plan for communication with other health care facilities and with the Network.
- Memorandum Of Understanding (MOU) established between external health care facility sites for priority placement.

A VISN-wide multidisciplinary task force with representation from each VISN facility may be needed to coordinate the drill. Communication between health care facilities is key; therefore, serious consideration should be given to the development of a cascade call system within the VISN.

A sample VISN-wide or community Year 2000 drill can be found in Appendix F.

5.3 Emergency Power Drills

Any Year 2000 disaster drills should include those recommendations outlined in the January 15, 1999 memorandum from the Chief Network Officer to all Networks and VA Health Care Facility Directors recommending that every VA Health Care Facility perform an emergency power drill to prepare for various power disruption scenarios. Included with this memorandum is the Emergency Power and Year 2000 White Paper as written by the VHA Facilities Expert Working Group, Appendix G. Further information can be found at the VHA Year 2000 web site for Utility Systems at: (http://vaww.va.gov/YEAR2000/Products/FacilityIntro.html).